

Printed: 07/18/07 1136

St. Alexius Medical Center
 1555 Barrington Road
 Hoffman Estates, IL 60169

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Pathology and Laboratory Services
 Ven Aduana M.D. Medical Director
 CLIA# 1400417228 CAP# 18568-01

Pulmonary Services
 Prakash Amin M.D. Medical Director
 CLIA# 14D0900224 CAP# 18568-02

LABORATORY SUMMARY REPORT

Name: WILLIAMS, SHIRELLE
 Acct#: F00022190201 Unit#: F000407413 Attend:
 DOB: 04/04/71 Sex: F Age: 36 Primary:
 Loc: F.ER Room: Submitting: GALLE, MICHAEL D DO
 Admit: 06/17/07 Status: DEP ER Other: UNKNOWN
 CC:

***** HEMATOLOGY *****

Date	Time	WBC (4.5-11.0) K/mm3	RBC (3.90-5.20) M/uL	HGB (11.2-15.0) g/dL	HCT (32.8-44.7) %	MCV (80.5-96.2) fL
6/17/07	1140	7.7	4.21	13.3	36.9	87.6

Date	Time	MCH (27.7-33.1) pg	MCHC (33.0-36.1) g/dL	RDW (11.0-15.9) %	PLATELET (125-400) K/mm3	MPV (9.3-12.0) fL
6/17/07	1140	31.6	36.0	12.1	268	11.1

***** COAGULATION *****

Date	Time	ProTime (9.2-11.8) SECONDS	INR (0.87-1.14)	PTT (23.6-32.9) SECONDS
6/17/07	1255	11.0	1.05(a)	26.7(b)

NOTES: (a) INR Therapeutic Range :
 Normal Intensity : 2.0 - 3.0
 High Intensity : 2.5 - 3.5
 (b) HEPARIN THERAPEUTIC RANGE: 55.0 - 88.0 SECONDS

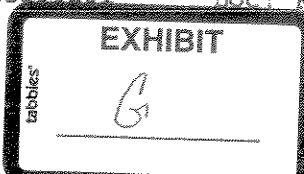
L=Low, LL=Critical Low, H=High, HH=Critical High, D=Delta, A=Abnormal

WILLIAMS, SHIRELLE

Acct# F00022190201

Loc: F.ER -

** CONTINUED ON NEXT PAGE **



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St. Alexius Medical Center
1555 Barrington Road
Hoffman Estates, IL 60169

Page: 2

Pathology and Laboratory Services
Ven Aduana M.D. Medical Director
CLIA# 1400417228 CAP# 18568-01

Pulmonary Services
Prakash Amin M.D. Medical Director
CLIA# 14DO900224 CAP# 18568-01

LABORATORY SUMMARY REPORT

Name : WILLIAMS, SHIRELLE

Acct#: F00022190201

Unit#: F000407413

DOB: 04/04/71

Sex: F

Location: F.ER

**** CHEMISTRY ****

Date	Time	SODIUM (136-145) mmol/L	POTASSIUM (3.5-5.1) mmol/L	CHLORIDE (98-107) mmol/L	CO2 (21-32) mmol/L	ANION GAP (5-16) mmol/L
6/17/07	1255	137	3.8	105	22	10

Date	Time	GLUCOSE (70-99) mg/dL	BUN (7-18) mg/dL	CREATININE (0.6-1.0) mg/dL	BUN/CREA RATIO (7-23)	EGFR
6/17/07	1255	85 (c)	11	0.7	16	> 60 (d)

Date	Time	CALCIUM (8.5-10.1) mg/dL	PROTEIN TOT (6.4-8.2) g/dL	ALBUMIN (3.4-5.0) g/dL	GLOBULIN (1.4-4.8) g/dL	A/G RATIO (1.0-1.9) g/dL
6/17/07	1255	8.4 L	6.6	3.8	2.8	1.4

Date	Time	AST (SGOT) (15-37) U/L	ALT (SGPT) (30-65) U/L	ALKP TOTAL (50-136) U/L	BILI TOTAL (<1.0) mg/dL
6/17/07	1255	17	29 L	88	0.3

BLOOD BANK

COLLECTED: Jun 17, 2007 12:55pm

BLOOD TYPE

ANTIBODY SCREEN

O POS

NEGATIVE

06/17/07 1413

06/17/07 1435

NOTES: (c) Impaired 100 - 125
Diabetic >125

(d) Reference Range: >60 mL/min/1.73 squared

If patient is African-American, multiply reported result by
1.21.

~~L=Low, LL=Critical Low, H=High, HH=Critical High, D=Delta, A=Abnormal~~

WILLIAMS, SHIRELLE

Acct# F00022190201

** CONTINUED ON NEXT PAGE **

Loc: F.ER -

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St. Alexius Medical Center
1555 Barrington Road
Hoffman Estates, IL 60169

Page: 3

Pathology and Laboratory Services
Ven Aduana M.D. Medical Director
CLIA# 1400417228 CAP# 18568-01Pulmonary Services
Prakish Amin M.D. Medical Director
CLIA# 14DO900224 CAP# 18568-02

LABORATORY SUMMARY REPORT

Name : WILLIAMS, SHIRELLE

Acct#: F00022190201

Unit#: F000407413

DOB: 04/04/71

Sex: F

Location: F.ER

Cancelled Specimens

0617:UA00053S CAN, Coll: 06/17/07-1134 Recd: - (R#00843234) EMERGENCY, DEPT
Ordered: UA W/REFLX
Comment: PATIENT DEP

0617:BB00043R CAN, Coll: 06/17/07-1140 Recd: 06/17/07-1207 (R#00843236) EMERGENCY, DEPT
Ordered: TS
Comment: HEMOLYZED

0617:CG00147S CAN, Coll: 06/17/07-1140 Recd: 06/17/07-1207 (R#00843234) EMERGENCY, DEPT
Ordered: PT, PTT
Comment: HEMOLYSED - NOTIFIED CINDY FPR REDRAW

0617:C00443S CAN, Coll: 06/17/07-1140 Recd: 06/17/07-1207 (R#00843234) EMERGENCY, DEPT
Ordered: CMP
Comment: CX HEMOLYZED

L=Low, LL=Critical Low, H=High, HH=Critical High, D=Delta, A=Abnormal

WILLIAMS, SHIRELLE

Acct# F00022190201

Loc: F.ER -

** END OF REPORT **

ST. ALEXIUS 1555 BARRINGTON RD HOFFMAN ESTA IL 60169 8478432000										ST. ALEXIUS 21219 NETWORK PLACE CHICAGO, IL 60673-										30 PAT CNTRL # F00022190201 31 MED REC # F000407413 6 FED TAX NO 36-4251846 7 STATEMENT COVERS PERIOD FROM 061707 THROUGH 061707 8 BC OP 1																																																																																																																																																																																													
8 PATIENT NAME WILLIAMS, SHIRELLE										9 PATIENT ADDRESS 1305 YORK DR CARPENTERSVILLE IL 601103124																																																																																																																																																																																																							
10 BIRTHDATE 04041971										11 SEX F										12 DATE 061707										13 ADMISSION 13 HR 14 TYPE 15 SRG 16 DNR 17 STAT 1 7 17 01										18 CONDITION CODES 22 23 24 25 26 27 28 29 ACCT STATE																																																																																																																																																																									
31 OCCURRENCE CODE 01										32 OCCURRENCE DATE 061707										33 OCCURRENCE CODE A1										34 OCCURRENCE DATE 101769										35 OCCURRENCE SPAN FROM THROUGH										36 OCCURRENCE SPAN FROM THROUGH										37																																																																																																																																																					
38 BLUE CROSS PPO PO BOX 805107 CHICAGO, IL 60680-4112										39 VALUE CODE'S CODE 80 0 81 0										40 VALUE CODE'S CODE 41 0																																																																																																																																																																																													
42 REV CD										43 DESCRIPTION										44 HCPCS / RATE / HPPS CODE										45 SERV DATE										46 SERV UNITS										47 TOTAL CHARGES										48 NON-COVERED CHARGES										49																																																																																																																																											
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50 PAYER NAME BLUE CROSS PPO										51 HEALTH PLAN ID										52 INCL MPO Y										53 ASD SEN Y										54 PRIOR PAYMENTS 470100										55 EST AMOUNT DUE 470100										56 NPI 1376644385										57 398																																																																																																																																											
58 INSURED'S NAME WILLIAMS 111, DEODIS										59 PREL 01										60 INSURED'S UNIQUE ID R57877346										61 GROUP NAME UNITED STATES										62 INSURANCE GROUP NO FEP00																																																																																																																																																																									
63 TREATMENT AUTHORIZATION CODES										64 DOCUMENT CONTROL NUMBER M										65 EMPLOYER NAME																																																																																																																																																																																													
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80 REMARKS										81 a										82 b										83 c										84 d										85 e										86 f										87 g										88 h										89 i										90 j										91 k										92 l										93 m										94 n										95 o										96 p										97 q										98 r										99 s										100 t									

ST. ALEXIUS MEDICAL CENTER
1555 BARRINGTON ROAD
HOFFMAN ESTATES, IL 60194
847-843-4040

AMOUNT ENCLOSED		1
\$		TYPE
		FINAL

PATIENT NAME	ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	BILLING DATE
WILLIAMS, SHIRELLE	F00022190201	06/17/07	06/17/07	07/06/07
GUARANTOR	INSURANCE COVERAGE			
WILLIAMS, DEODIS 1305 YORK DR CARPENTERSVILLE IL 60110	BLUE CROSS PPO		R57877346	

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
06/17/07	760000002 ADMINISTRATION TOXOID/VACC	1	36.00
06/17/07	760000037 ER LEVEL V	1	821.00
06/17/07	760000010 IV INF 1ST HR HYDRA	1	259.00
06/17/07	760000024 IV INF ADD HR HYDRA	1	96.00
06/17/07	760000023 IV INF 1ST HR THERAP/DX	1	153.00
06/17/07	760004063 1000 ML IV FLUID	1	122.00
06/17/07	760004066 100 ML IV FLUID	1	86.00
06/17/07	760004066 100 ML IV FLUID	1	86.00
06/17/07	760000058 REPAIR INTERMEDIATE WOUNDS	1	481.00
06/17/07	760000055 REPAIR WOUNDS >30CM LONG	1	1553.00
06/17/07	760004070 1000 ML NS IRRIGATION	1	185.00
06/17/07	760000049 EXPLOR TRAUMA PENETRATING WOUND	1	257.00
06/17/07	760000049 EXPLOR TRAUMA PENETRATING WOUND	1	257.00
06/17/07	760000061 REMOVAL FB SIMPLE	1	323.00
06/17/07	760000061 REMOVAL FB SIMPLE	1	323.00
06/17/07	721500112 ELBOW 3 + VIEWS LT	1	326.00
06/17/07	721500173 XR FOOT 3 + VIEWS RT	1	323.00
06/17/07	721500061 CHEST 1 VIEW	1	309.00
06/17/07	721500112 ELBOW 3 + VIEWS LT	1	326.00
06/17/07	700003913 COLLAR CERV LAERDAL STIFFNECKS	1	207.00
06/17/07	730000006 0.9% NACL 100ML	2	162.00
06/17/07	730000570 CEFAZOLIN VL 1G	2	284.00
06/17/07	730001056 DIP/TET ADLT INJ 0.5ML	1	49.00
06/17/07	730002400 MORPHINE INJ 10MG 1ML	1	36.00
06/17/07	730002421 MORPHINE SYRINGE 10MG/10ML	1	53.00
06/17/07	708000020 CBC NO DIFF	1	109.00
06/17/07	705000001 ROUTINE VENIPUNCTURE	1	21.00
06/17/07	705500004 COMPREHENSIVE METABOLIC PANEL	1	220.00
06/17/07	708000046 PROTHROMBIN TIME	1	88.00
06/17/07	708000054 APTT	1	111.00
06/17/07	709500015 BLOOD TYPING ABO	1	94.00
06/17/07	709500016 BLOOD TYPING RH	1	36.00
06/17/07	709500007 ANTIBODY SCREEN	1	91.00
06/17/07	760000002 ADMINISTRATION TOXOID/VACC	-1	-36.00
06/17/07	760000037 ER LEVEL V	-1	-821.00
06/17/07	760000010 IV INF 1ST HR HYDRA	-1	-259.00
06/17/07	760000024 IV INF ADD HR HYDRA	-1	-96.00
06/17/07	760000023 IV INF 1ST HR THERAP/DX	-1	-153.00
06/17/07	760004063 1000 ML IV FLUID	-1	-122.00

F00022190201

Remit Payment to above address.

ACCOUNT NUMBER

TOTAL
TOTAL CREDITSTOTAL DUE
ESTIMATED INSURANCE COVERAGE

ST. ALEXIUS MEDICAL CENTER
1555 BARRINGTON ROAD
HOFFMAN ESTATES, IL 60194
847-843-4040

AMOUNT ENCLOSED		2
\$		TYPE
		FINAL

PATIENT NAME	ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	BILLING DATE
WILLIAMS, SHIRELLE	F00022190201	06/17/07	06/17/07	07/06/07
GUARANTOR		INSURANCE COVERAGE		
WILLIAMS, DEODIS 1305 YORK DR CARPENTERSVILLE IL 60110		BLUE CROSS PPO R57877346		

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
06/17/07	760004066 100 ML IV FLUID	-1	-86.00
06/17/07	760004066 100 ML IV FLUID	-1	-86.00
06/17/07	760000058 REPAIR INTERMEDIATE WOUNDS	-1	-481.00
06/17/07	760000055 REPAIR WOUNDS >30CM LONG	-1	-1553.00
06/17/07	760004070 1000 ML NS IRRIGATION	-1	-185.00
06/17/07	760000049 EXPLOR TRAUMA PENETRATING WOUND	-1	-257.00
06/17/07	760000049 EXPLOR TRAUMA PENETRATING WOUND	-1	-257.00
06/17/07	760000061 REMOVAL FB SIMPLE	-1	-323.00
06/17/07	760000061 REMOVAL FB SIMPLE	-1	-323.00
06/17/07	760000002 ADMINISTRATION TOXOID/VACC	1	36.00
06/17/07	760000021 PULSE OX SING DETERM	1	54.00
06/17/07	760000036 ER LEVEL IV	1	607.00
06/17/07	760000003 IV INJ OF MED IVP-SGL/INITL	1	116.00
06/17/07	760000010 IV INF 1ST HR HYDRA	1	259.00
06/17/07	760000024 IV INF ADD HR HYDRA	1	96.00
06/17/07	760000023 IV INF 1ST HR THERAP/DX	1	153.00
06/17/07	760004063 1000 ML IV FLUID	1	122.00
06/17/07	760000057 REPAIR SIMPLE WOUNDS	1	320.00
06/17/07	760004060 250 ML NS IRRIGATION	1	93.00
07/09/07	PEBCPPO PMT EP VOUCHER BCPPO	1	-4701.00

*** SUMMARY BY SERVICE ***

250 PHARMACY GENERAL	5	422.00
258 PHARMACY IV SOLUTIONS	2	162.00
270 M/S SUPPLY GENERAL	3	422.00
300 LABORATORY GENERAL	1	21.00
301 LABORATORY CHEMISTRY	1	220.00
302 LABORATORY IMMUNOLOGY	3	221.00
305 LAB HEMATOLOGY	3	308.00
320 RADIOLOGY DIAG GENERAL	3	975.00
324 RADIOLOGY DIAG CHEST XRAY	1	309.00
450 EMERGENCY ROOM GENERAL	8	1641.00
RECEIPTS, ADJUSTMENTS, ETC.	1	-4701.00

Remit Payment to above address.

ACCOUNT NUMBER

F00022190201

TOTAL 4701.00
TOTAL CREDITS -4701.00
TOTAL DUE 0.00
ESTIMATED INSURANCE COVERAGE 0.00

ST. ALEXIUS
1555 BARRINGTON RD
HOFFMAN ESTA IL 60169
B478432000

ST. ALEXIUS
21219 NETWORK PLACE
CHICAGO, IL 60673-

35 PAT
CMTL # F00022209589
36 MED
REG # F000407413 0111
5 FED TAX NO 8 STATEMENT COVERS PERIOD
FROM 062007 THROUGH 062507
36-4251846062007 062507 COM IP 2

8 PATIENT NAME		9 PATIENT ADDRESS		10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION		14 TYPE		15 SRC		16 DNR		17 STAT		18		19		20		21		22		23		24		25		26		27		28		29		30	
WILLIAMS, SHIRELLE		CARPENTERSVILLE		04041971		F		062007		12		3		1		15		06																											
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE		35 OCCURRENCE CODE		36 OCCURRENCE DATE		37 OCCURRENCE CODE		38 OCCURRENCE DATE		39 OCCURRENCE CODE		40 OCCURRENCE DATE		41 OCCURRENCE CODE		42 OCCURRENCE DATE		43 OCCURRENCE CODE		44 OCCURRENCE DATE		45 OCCURRENCE CODE		46 OCCURRENCE DATE		47 OCCURRENCE CODE		48 OCCURRENCE DATE		49 OCCURRENCE CODE		50 OCCURRENCE DATE							
11		062007		A1		040471		B1		040471																																			
29		FRIEDMAN & SOLMOR, LTD		200 N LaSALLE ST #2750		CHICAGO, IL 60601		35 CODE		36 VALUE CODE'S AMOUNT		37 CODE		38 VALUE CODE'S AMOUNT		39 CODE		40 VALUE CODE'S AMOUNT		41 CODE		42 VALUE CODE'S AMOUNT		43 CODE		44 VALUE CODE'S AMOUNT		45 CODE		46 VALUE CODE'S AMOUNT		47 CODE		48 VALUE CODE'S AMOUNT		49 CODE		50 VALUE CODE'S AMOUNT							
								a		01		9300080		5		81		0																											

42 REV CO	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV DATE	46 SERV UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0120	ROOM BOARD SEMI PRIVATE	97500		5	487500		
0250	PHARMACY GENERAL			89	295500		
0258	PHARMACY IV SOLUTIONS			10	51500		
0259	PHARMACY OTHER			1	43300		
0270	MED SURG SUPPLIES			7	125400		
0272	MED/SRG STERILE SUPPLY			9	104800		
0300	LABORATORY GENERAL			7	14700		
0301	LABORATORY CHEMISTRY			11	202000		
0305	LABORATORY HEMATOLOGY			7	83100		
0306	LAB BACTERIOLOGY			8	129100		
0324	DIAG RAD XRAY/CHEST			2	61800		
0352	CT SCAN/BODY			2	513100		
0360	OR SVCS GENERAL			1	690900		
0370	ANESTHESIA GENERAL			64	185700		
0410	RESPIRATORY THERAPY			4	57900		
0420	PT GENERAL			9	108800		
0460	PULMONARY FUNCTION GEN			3	41400		
0610	MRI GENERAL			2	901600		
0636	RX REQ DETAILED CODING			214	269300		
0710	RECOVERY ROOM GENERAL			5	149900		
0730	EKG/ECG GENERAL			1	26300		
0761	TREAT/OBSERV RM- TRTMNT			1	152800		
PAGE 1 OF 2		CREATION DATE 071807		TOTALS			

50 PAYER NAME		51 HEALTH PLAN ID		52 REL		53 BEN		54 PRIOR PAYMENTS		55 EST AMOUNT DUE		56 NPI		57 1376644385	
BLUE CROSS PPO						Y		0		4826200		398			
FRIEDMAN & SOLMOR, LTD						Y		0		0		OTHER		PRV ID	
58 INSURED'S NAME		59 PREL		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO							
WILLIAMS III, DEODIS		18		R57877346		FEDERAL EMPLOY		FEP00							
WILLIAMS III, DEODIS		18		16318-999		MVA		D/A 6/17/07							
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME											
07172-AAZX		F		UNITED STATES POSTAL SV											
		F		US POSTAL SERVICE											
66 72633		Y88121		Y04185		Y49390		Y78901		Y78902		Y72885		Y56400	
978659		N												N ⁶⁸	
69 ADMIT		70 PATIENT		71 ICD		72 EQ		73							
071100		REASON DX		0227		E9352		N							
74 PRINCIPAL PROCEDURE		75 OTHER PROCEDURE		76 ATTENDING		77 OPERATING		78 OTHER		79 OTHER		80 OTHER		81 OTHER	
CODE		CODE		NPI		NPI		NPI		NPI		NPI		NPI	
835		062107B339		062107		LAST RAHIM		FIRST AMINA		LAST PATARI		FIRST SANJAY			
						QUAL 1GG81617		QUAL H65037		QUAL		QUAL			
						LAST		FIRST		LAST		FIRST			
						LAST		FIRST		LAST		FIRST			
80 REMARKS															

ST. ALEXIUS 1555 BARRINGTON RD HOFFMAN ESTA IL 60169 8478432000										ST. ALEXIUS 21219 NETWORK PLACE CHICAGO, IL 60673-										32 PAT. CNTL # F00022209589 33 MED. REG # F000407413 34 FED TAX NO 36-4251846 35 STATEMENT COVERS PERIOD FROM 062007 THROUGH 062507 36 COM IP 2																																																																																																																																																																																													
8 PATIENT NAME WILLIAMS, SHIRELLE										9 PATIENT ADDRESS 1305 YORK DR CARPENTERSVILLE IL 601103124																																																																																																																																																																																																							
10 BIRTHDATE 04041971										11 SEX F										12 DATE 062007										13 HRT 12										14 TYPE 3										15 SRC 1										16 DHR 15										17 SAT 06										18										19										20										21										22										23										24										25										26										27										28										29 ACCT STATE										30									
31 OCCURRENCE DATE 01 062007										32 OCCURRENCE DATE A1 040471										33 OCCURRENCE DATE B1 040471										34 OCCURRENCE DATE										35 OCCURRENCE DATE										36 OCCURRENCE DATE										37 OCCURRENCE DATE										38 OCCURRENCE DATE										39 OCCURRENCE DATE										40 OCCURRENCE DATE										41 OCCURRENCE DATE										42 OCCURRENCE DATE										43 OCCURRENCE DATE										44 OCCURRENCE DATE										45 OCCURRENCE DATE										46 OCCURRENCE DATE										47 OCCURRENCE DATE										48 OCCURRENCE DATE										49 OCCURRENCE DATE										50 OCCURRENCE DATE																			
38 FRIEDMAN & SOLMOR, LTD 200 N LaSALLE ST #2750 CHICAGO, IL 60601										39 CODE 01										40 VALUE CODES AMOUNT 9300080										41 CODE 5										42 VALUE CODES AMOUNT 81										43 CODE 0										44 VALUE CODES AMOUNT										45 CODE										46 VALUE CODES AMOUNT										47 CODE										48 VALUE CODES AMOUNT										49 CODE										50 VALUE CODES AMOUNT																																																																																									
42 REV CD 0921										43 DESCRIPTION PERIPHERAL VASCULAR LAB										44 HCPCS / RATE / HIPPS CODE										45 SERV DATE										46 SERV UNITS 1										47 TOTAL CHARGES 129800										48 NON COVERED CHARGES										49																																																																																																																																											
0001										PAGE 2 OF 2										CREATION DATE 071807										TOTALS										4826200										0																																																																																																																																																															
50 PAYER NAME BLUE CROSS PPO FRIEDMAN & SOLMOR, LTD										51 HEALTH PLAN ID										52 REL INFO										53 ASA BEN										54 PRIOR PAYMENTS										55 EST AMOUNT DUE 4826200										56 NPI 1376644385										57 OTHER										58 PRV ID																																																																																																																																	
58 INSURED'S NAME WILLIAMS III, DEODIS WILLIAMS III, DEODIS										59 REL 18										60 INSURED'S UNIQUE ID R57877346 16318-999										61 GROUP NAME FEDERAL EMPLOY MVA										62 INSURANCE GROUP NO FEP00 D/A 6/17/07																																																																																																																																																																									
63 TREATMENT AUTHORIZATION CODES 07172-AAZX										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME UNITED STATES POSTAL S US POSTAL SERVICE																																																																																																																																																																																													
66 72633 YB8121 YD4185 Y49390 Y78901 Y78902 Y72885 Y56400 Y78702 N										67 978659 N										68 71100										69 PATIENT REASON DX										70 OTHER PROCEDURE CODE										71 RPS CODE 0227										72 ECI E9352 N										73																																																																																																																																											
74 CODE 835										75 PRINCIPAL PROCEDURE DATE 062107										76 OTHER PROCEDURE DATE 062107										77 ATTENDING RAHIM										78 OPERATING PATARI										79 OTHER										80 LAST										81 FIRST										82 QUAL 1GG81617										83 H65037										84 SANJAY																																																																																																													
80 REMARKS										81 a										82 b										83 c										84 d										85										86										87										88										89										90										91										92										93										94										95										96										97										98										99										100									

ST. ALEXIUS MEDICAL CENTER
1555 BARRINGTON ROAD
HOFFMAN ESTATES, IL 60194
847-843-4040

AMOUNT ENCLOSED	1
\$	FINAL

PATIENT NAME	PATIENT ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	BILLING DATE
WILLIAMS, SHIRELLE	F00022209589	06/20/07	06/25/07	06/29/07
GUARANTOR	INSURANCE COVERAGE			
WILLIAMS, DEODIS 1305 YORK DR CARPENTERSVILLE IL 60110-3124	BLUE CROSS PPO R57877346 FRIEDMAN & SOLMOR, LT 16318-999			

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
06/20/07	610030100 R&B MED/SURG SEMI PVT	1	975.00
06/20/07	723500083 CT PELVIS WITH CONTRAST	1	2592.00
06/20/07	723500100 CT ABDOMEN W CONTRAST	1	2539.00
06/20/07	723500129 CT 150ML NONIONIC 300 CONTRAST	1	920.00
06/20/07	723500153 GASTROVIEW 15ML	3	42.00
06/20/07	706500070 GRAM STAIN	1	104.00
06/20/07	706500012 CULTURE WOUND	1	203.00
06/20/07	730000008 0.9% NACL 250ML	1	66.00
06/20/07	730000010 0.9% NACL 50ML	1	37.00
06/20/07	730001715 HYDROMORPH 1 MG/ML 1ML SYG	3	57.00
06/20/07	730002650 ONDANSETRON VL 2/ML 2ML	1	132.00
06/20/07	730002729 PANTOPRAZOLE 40MG TAB	1	14.00
06/20/07	730002908 PIPERACILLIN/TAZOBACTAM 3.375G	1	113.00
06/20/07	730003702 VANCOMYCIN VL 1G	1	160.00
06/20/07	706500067 SENSITIVITY MIC	1	143.00
06/20/07	706500032 CULTURE ID BACTERIA AEROBE	1	74.00
06/21/07	721500061 CHEST 1 VIEW	1	309.00
06/21/07	731000001 PLACE CV CATH OVER AGE 5	1	1528.00
06/21/07	722500052 MRI UP EXT WO/W CONTRAST RT	1	4508.00
06/21/07	722500058 MRI ANY UPPER EXT JT W/VO RT	1	4508.00
06/21/07	701500003 PACU LEVEL II 1ST 30 MIN	1	499.00
06/21/07	701500004 PACU LEVEL II EA ADDL 15 MIN	4	1000.00
06/21/07	700000414 SOL IV 0.9 % NACL 1000CC	1	124.00
06/21/07	700008145 SLEEVE SCD LARGE	1	78.00
06/21/07	722500106 GADOLINIUM 15ML	1	590.00
06/21/07	732500046 IBE PER TREATMENT	1	147.00
06/21/07	730000008 0.9% NACL 250ML	1	66.00
06/21/07	730000010 0.9% NACL 50ML	2	74.00
06/21/07	730000014 0.9% NACL IRRIG 3000ML	1	176.00
06/21/07	730000315 BACITRACIN VL 50,000U	3	201.00
06/21/07	730001059 DIPHENHYD CAP 25MG	2	4.00
06/21/07	730001715 HYDROMORPH 1 MG/ML 1ML SYG	8	152.00
06/21/07	730002235 METHOCARB TAB 500MG	6	24.00
06/21/07	730002650 ONDANSETRON VL 2/ML 2ML	1	132.00
06/21/07	730002729 PANTOPRAZOLE 40MG TAB	1	14.00
06/21/07	730002908 PIPERACILLIN/TAZOBACTAM 3.375G	2	226.00
06/21/07	730002933 POLYMYXIN B VL 500,000U	3	195.00
06/21/07	730003702 VANCOMYCIN VL 1G	1	160.00
06/21/07	610030100 R&B MED/SURG SEMI PVT	1	975.00

F00022209589

Remit Payment to above address.

ACCOUNT NUMBER

TOTAL

TOTAL CREDITS

TOTAL DUE

ESTIMATED INSURANCE COVERAGE

ESTIMATED PATIENT DUE

ST. ALEXIUS MEDICAL CENTER
1555 BARRINGTON ROAD
HOFFMAN ESTATES, IL 60194
847-843-4040

2	
AMOUNT ENCLOSED	TYPE
\$	FINAL

PATIENT NAME	PATIENT ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	BILLING DATE
WILLIAMS, SHIRELLE	F00022209589	06/20/07	06/25/07	06/29/07
GUARANTOR	INSURANCE COVERAGE			
WILLIAMS, DEODIS 1305 YORK DR CARPENTERSVILLE IL 60110-3124	BLUE CROSS PPO R57877346 FRIEDMAN & SOLMOR, LT 16318-999			

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
06/21/07	708000020 CBC NO DIFF	1	109.00
06/21/07	705500004 COMPREHENSIVE METABOLIC PANEL	1	220.00
06/21/07	705500126 AMYLASE	1	199.00
06/21/07	705500330 LIPASE	1	180.00
06/21/07	705000001 ROUTINE VENIPUNCTURE	1	21.00
06/21/07	708000013 HCG QUAL URINE	1	157.00
06/21/07	706500029 CULTURE ANAEROBIC	1	254.00
06/21/07	706500070 GRAM STAIN	1	104.00
06/21/07	706500012 CULTURE WOUND	1	203.00
06/21/07	701000003 OR MAJOR 1ST 30 MIN	1	2940.00
06/21/07	701000004 OR MAJOR EA ADDL MIN	63	3969.00
06/21/07	702500003 ANES GENERAL 1ST 30 MIN	1	849.00
06/21/07	702500004 ANES GENERAL EA ADDL MIN	63	1008.00
06/21/07	700000086 CIRCUIT BRTHNG ADLT L40IN ANES	1	34.00
06/21/07	700000710 SOL IV LR 1000CC	1	151.00
06/21/07	700005093 AIRWAY LMA DISP UNIQUE SZ #25	1	116.00
06/21/07	700003972 HANDPIECE IRR INTERPULSE W/BNE	1	93.00
06/21/07	700004280 SUT ETH NYL 2-0 PS-2 L18IN MON	1	13.00
06/21/07	700000824 KIT SURG PREP	1	13.00
06/21/07	730000440 BUPIV VL 0.5% 30ML	1	55.00
06/21/07	730001350 FENTANY AMP 0.05/ML 2ML	1	24.00
06/21/07	730002024 LIDOCAINE AMP 1% 5ML	-1	-17.00
06/21/07	730002024 LIDOCAINE AMP 1% 5ML	1	17.00
06/21/07	730002176 MEPERIDINE INJ 25MG 1ML	1	40.00
06/21/07	730002333 MIDAZOLAM VL 1MG/ML 2ML	1	61.00
06/21/07	730002404 MORPHINE INJ 2MG 1ML	1	36.00
06/21/07	730003084 PROPOFOL AMP 10/ML 20ML	1	100.00
06/22/07	610030100 R&B MED/SURG SEMI PVT	1	975.00
06/22/07	700000710 SOL IV LR 1000CC	1	151.00
06/22/07	700004815 CENTRAL LINE DRESSING CHANGE T	1	49.00
06/22/07	710500005 EKG	1	263.00
06/22/07	708000020 CBC NO DIFF	1	109.00
06/22/07	705500004 COMPREHENSIVE METABOLIC PANEL	1	220.00
06/22/07	705500335 MAGNESIUM	1	152.00
06/22/07	705000001 ROUTINE VENIPUNCTURE	1	21.00
06/22/07	705500469 TROPONIN I	1	174.00
06/22/07	705000001 ROUTINE VENIPUNCTURE	1	21.00
06/22/07	706500089 CLOSTRIDUM DIFF TOXIN EIA	1	206.00
06/22/07	740000130 PT EX THERAPY - 15 MIN	1	97.00

F00022209589

Remit Payment to above address.

ACCOUNT NUMBER

TOTAL

TOTAL CREDITS

TOTAL DUE

ESTIMATED INSURANCE COVERAGE

ESTIMATED PATIENT DUE

ST. ALEXIUS MEDICAL CENTER
1555 BARRINGTON ROAD
HOFFMAN ESTATES, IL 60194
847-843-4040

AMOUNT ENCLOSED		3
\$		FINAL

PATIENT NAME	PATIENT ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	BILLING DATE
WILLIAMS, SHIRELLE	F00022209589	06/20/07	06/25/07	06/29/07
GUARANTOR	INSURANCE COVERAGE			
WILLIAMS, DEODIS 1305 YORK DR CARPENTERSVILLE IL 60110-3124	BLUE CROSS PPO R57877346 FRIEDMAN & SOLMOR, LT 16318-999			

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
06/22/07	740000095 PT EVALUATION	1	215.00
06/22/07	730000008 0.9% NACL 250ML	1	66.00
06/22/07	730000010 0.9% NACL 50ML	2	74.00
06/22/07	730000037 ACETAMIN TAB 325MG EA	2	2.00
06/22/07	730001059 DIPHENHYD CAP 25MG	2	4.00
06/22/07	730001102 DOCUSATE NA CAP 100MG	1	2.00
06/22/07	730001675 HYDROCOD/ACE TAB 7.5/500	2	26.00
06/22/07	730001715 HYDROMORPH 1 MG/ML 1ML SYG	10	190.00
06/22/07	730002235 METHOCARB TAB 500MG	6	24.00
06/22/07	730002325 MICONAZO V SUPP 200MG 3	1	145.00
06/22/07	730002729 PANTOPRAZOLE 40MG TAB	1	14.00
06/22/07	730002908 PIPERACILLIN/TAZOBACTAM 3.375G	2	226.00
06/22/07	730003702 VANCOMYCIN VL 1G	1	160.00
06/22/07	730003801 ZOLPIDEM TART TAB 5MG	2	20.00
06/22/07	721500061 CHEST 1 VIEW	1	309.00
06/23/07	700000710 SOL IV LR 1000CC	2	302.00
06/23/07	740000134 PT GAIT TRAINING - 15 MIN	1	118.00
06/23/07	740000155 PT THERAPEUTIC ACTIVITY 15 MIN	1	131.00
06/23/07	740000130 PT EX THERAPY - 15 MIN	1	97.00
06/23/07	732500046 IBE PER TREATMENT	1	147.00
06/23/07	732500065 OXYGEN PER DAY	1	412.00
06/23/07	732500039 METER DOSE INHALER DEMO/EVAL	1	138.00
06/23/07	610030100 R&B MED/SURG SEMI PVT	1	975.00
06/23/07	708000020 CBC NO DIFF	1	109.00
06/23/07	705000001 ROUTINE VENIPUNCTURE	1	21.00
06/23/07	705500335 MAGNESIUM	1	152.00
06/23/07	705500004 COMPREHENSIVE METABOLIC PANEL	1	220.00
06/23/07	705000001 ROUTINE VENIPUNCTURE	1	21.00
06/23/07	730000008 0.9% NACL 250ML	-1	-66.00
06/23/07	730000010 0.9% NACL 50ML	2	74.00
06/23/07	730000093 ALBUTEROL INH 17GM	1	106.00
06/23/07	730001454 FLUTICASON-SLMETEROL 100/50MCG	1	433.00
06/23/07	730001675 HYDROCOD/ACE TAB 7.5/500	4	52.00
06/23/07	730001715 HYDROMORPH 1 MG/ML 1ML SYG	2	38.00
06/23/07	730002235 METHOCARB TAB 500MG	6	24.00
06/23/07	730002506 NAPROXEN TAB 500MG	2	16.00
06/23/07	730002650 ONDANSETRON VL 2/ML 2ML	2	264.00
06/23/07	730002729 PANTOPRAZOLE 40MG TAB	1	14.00
06/23/07	730002908 PIPERACILLIN/TAZOBACTAM 3.375G	2	226.00

F00022209589

Remit Payment to above address.

ACCOUNT NUMBER

TOTAL

TOTAL CREDITS

TOTAL DUE

ESTIMATED INSURANCE COVERAGE

ESTIMATED PATIENT DUE

ST. ALEXIUS MEDICAL CENTER
1555 BARRINGTON ROAD
HOFFMAN ESTATES, IL 60194
847-843-4040

4

AMOUNT ENCLOSED	TYPE
\$	FINAL

PATIENT NAME	PATIENT ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	BILLING DATE
WILLIAMS, SHIRELLE	F00022209589	06/20/07	06/25/07	06/29/07
GUARANTOR	INSURANCE COVERAGE			
WILLIAMS, DEODIS 1305 YORK DR CARPENTERSVILLE IL 60110-3124	BLUE CROSS PPO FRIEDMAN & SOLMOR, LT 16318-999	R57877346		

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
06/23/07	730003088 PROPOXYPHENE/APAP 65/650 TAB	1	7.00
06/23/07	730003702 VANCOMYCIN VL 1G	-1	-160.00
06/23/07	730003801 ZOLPIDEM TART TAB 5MG	2	20.00
06/23/07	730002506 NAPROXEN TAB 500MG	2	16.00
06/24/07	724000127 VF VENOUS DUPLEX BIL LOWER EXT	1	1298.00
06/24/07	700000710 SOL IV LR 1000CC	2	302.00
06/24/07	740000134 PT GAIT TRAINING - 15 MIN	1	118.00
06/24/07	740000130 PT EX THERAPY - 15 MIN	1	97.00
06/24/07	732500046 IBE PER TREATMENT	1	147.00
06/24/07	732500065 OXYGEN PER DAY	1	412.00
06/24/07	732500030 METER DOSE INHALER PER TREATMT	1	138.00
06/24/07	732500030 METER DOSE INHALER PER TREATMT	1	138.00
06/24/07	610030100 R&B MED/SURG SEMI PVT	1	975.00
06/24/07	708000020 CBC NO DIFF	1	109.00
06/24/07	708000036 D-DIMER QUANT	1	108.00
06/24/07	705500004 COMPREHENSIVE METABOLIC PANEL	1	220.00
06/24/07	705500390 PHOSPHORUS	1	131.00
06/24/07	705500335 MAGNESIUM	1	152.00
06/24/07	705000001 ROUTINE VENIPUNCTURE	1	21.00
06/24/07	730001199 ENOXAPAR INJ 30MG 0.3ML	1	76.00
06/24/07	730001715 HYDROMORPH 1 MG/ML 1ML SYG	-1	-19.00
06/24/07	730001715 HYDROMORPH 1 MG/ML 1ML SYG	1	19.00
06/24/07	730001986 LEVOFLOXACIN IVPB 500MG	1	182.00
06/24/07	730002235 METHOCARB TAB 500MG	6	24.00
06/24/07	730002506 NAPROXEN TAB 500MG	-1	-8.00
06/24/07	730002506 NAPROXEN TAB 500MG	1	8.00
06/24/07	730002506 NAPROXEN TAB 500MG	1	14.00
06/24/07	730002729 PANTOPRAZOLE 40MG TAB	1	113.00
06/24/07	730002908 PIPERACILLIN/TAZOBACTAM 3.375G	1	21.00
06/24/07	730003088 PROPOXYPHENE/APAP 65/650 TAB	3	20.00
06/24/07	730003801 ZOLPIDEM TART TAB 5MG	2	16.00
06/25/07	730002506 NAPROXEN TAB 500MG	2	16.00
06/25/07	740000130 PT EX THERAPY - 15 MIN	1	97.00
06/25/07	740000134 PT GAIT TRAINING - 15 MIN	1	118.00
06/25/07	732500030 METER DOSE INHALER PER TREATMT	1	138.00
06/25/07	730001199 ENOXAPAR INJ 30MG 0.3ML	1	76.00
06/25/07	730001986 LEVOFLOXACIN IVPB 500MG	1	182.00
06/25/07	730002235 METHOCARB TAB 500MG	4	16.00
06/25/07	730002506 NAPROXEN TAB 500MG	-1	-8.00
06/25/07	730002506 NAPROXEN TAB 500MG	6	48.00

F00022209589

Remit Payment to above address.

ACCOUNT NUMBER

TOTAL
TOTAL CREDITS

TOTAL DUE

ESTIMATED INSURANCE COVERAGE

ESTIMATED PATIENT DUE

ST. ALEXIUS MEDICAL CENTER
1555 BARRINGTON ROAD
HOFFMAN ESTATES, IL 60194
847-843-4040

AMOUNT ENCLOSED	5 TYPE
\$	FINAL

PATIENT NAME	PATIENT ACCOUNT NUMBER	ADMISSION DATE	DISCHARGE DATE	BILLING DATE
WILLIAMS, SHIRELLE	F00022209589	06/20/07	06/25/07	06/29/07
GUARANTOR	INSURANCE COVERAGE			
WILLIAMS, DEODIS 1305 YORK DR CARPENTERSVILLE IL 60110-3124	BLUE CROSS PPO R57877346 FRIEDMAN & SOLMOR, LT 16318-999			

SERVICE DATE	DESCRIPTION	QTY	AMOUNT
06/25/07	730002729 PANTOPRAZOLE 40MG TAB	1	14.00
06/25/07	730003088 PROPOXYPHENE/APAP 65/650 TAB	2	14.00
06/25/07	708000019 CBC W/AUTO DIFF	1	130.00
06/25/07	705000001 ROUTINE VENIPUNCTURE	1	21.00
06/25/07	730002506 NAPROXEN TAB 500MG	-2	-16.00
06/25/07	730002506 NAPROXEN TAB 500MG	-4	-32.00
*** SUMMARY BY SERVICE ***			
	120 SEMI-PRIVATE ROOM & BOARD	5	4875.00
	250 PHARMACY GENERAL	89	2955.00
	258 PHARMACY IV SOLUTIONS	10	515.00
	259 PHARMACY OTHER	1	433.00
	270 M/S SUPPLY GENERAL	7	1254.00
	272 M/S SUPPLY STERILE SUPPLY	9	1048.00
	300 LABORATORY GENERAL	7	147.00
	301 LABORATORY CHEMISTRY	11	2020.00
	305 LAB HEMATOLOGY	7	831.00
	306 LAB BACTERIOLOGY/MICROBIO	8	1291.00
	324 RADIOLOGY DIAG CHEST XRAY	2	618.00
	352 CAT SCAN BODY	2	5131.00
	360 OR SVCS GENERAL	64	6909.00
	370 ANESTHESIA GENERAL	64	1857.00
	410 RESPIRATORY SVC GENERAL	4	579.00
	420 PHYSICAL THERAPY GENERAL	9	1088.00
	460 PULMONARY FUNCTION GENERAL	3	414.00
	610 MRI GENERAL	2	9016.00
	636 DRUG SPEC ID DETAIL CODING	35	2693.00
	710 RECOVERY ROOM GENERAL	5	1499.00
	730 EKG/ECG GENERAL	1	263.00
	761 TREAT/OBS RM TREATMENT RM	1	1528.00
	921 OTHER DIAG PERIPHERAL LAB	1	1298.00
	ESTIMATED INSURANCE DUE BLUE CROSS PPO		48262.00

F00022209589

Remit Payment to above address.

ACCOUNT NUMBER

TOTAL	48262.
TOTAL CREDITS	0.
TOTAL DUE	48262.
ESTIMATED INSURANCE COVERAGE	48262.
ESTIMATED PATIENT DUE	

LAW OFFICES OF
FRIEDMAN AND SOLMOR, LTD.

GARY B. FRIEDMAN
MARK T. SOLMOR
TERRI L. MACKEY
JEFFREY D. SKLY
JASON R. PEARLMAN

200 NORTH LA SALLE STREET
SUITE 2750
CHICAGO, ILLINOIS 60601

TELEPHONE
(312) 236-4590
FACSIMILE
(312) 236-4818

November 13, 2007

Mr. Jeffrey Moore
Great West Casualty Company
P.O. Box 4555
Bloomington, IN 47404

ERO 25

105

Re: Shirelle Williams vs. Michael Showers and American Logistics
Your Claim No.: C06632-L-478
Date of Injury: 6/17/07
Our File Number: 16318-999

Dear Mr. Moore:

In response to your letter dated October 29, 2007, I provide you with medical records currently in my possession pertaining to the injuries sustained by Shirelle Williams as a result of this occurrence:

- | | | |
|----|--|-------------|
| 1. | St. Alexius Hospital (ER 6/17/07) | \$ 4,710.00 |
| 2. | St. Alexius Hospital (Inpatient 6/20 to 6/25/07) | \$48,262.00 |

As I think you are aware, it is my possession that your insured driver was responsible for the injuries sustained by Shirelle Williams. While Deodis Williams did what he could to avoid motor vehicles in front of him that were involved in a prior accident, this occurrence happened in broad daylight and your insured driver should have been able to see what was ahead of him and not collide with the Williams' vehicle resulting in the injuries sustained by Shirelle Williams as verified by the enclosed medical records.

I know you have a different opinion with reference to the liability aspect of the case. If you would like to try and work this out, please let me know. Otherwise, it is my intention to initiate litigation against your insured driver and trucking company before the end of the year.

Very truly yours,



GARY B. FRIEDMAN

GBF/nrc
Enclosure